

FILED JUL 7 1949

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20452

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>4396</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>PERMISCOT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>TEXAS</u> b. COUNTY <u>909</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARDELL</u>		c. LENGTH OF STAY (In this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LYFORD</u>		41	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) _____ c. (Last) <u>MORALES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1949</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>MEXICAN</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>APRIL 11, 1948</u>	9. AGE (In years last birthday) <u>1</u>	If UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	If UNDER 24 HRS. Hours <u>0</u> Min _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>TEXAS / LYFORD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ERENIO MORALES</u>			13b. MOTHER'S MAIDEN NAME <u>FELIPA GARCIA</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Erenio Morales</u>		ADDRESS <u>WardeLL Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - this baby died without Medical attention</u> ANTECEDENT CAUSES (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>7955</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James A. Espuen, M.D.</u>				23b. ADDRESS <u>Charlottesville, Mo</u>		23c. DATE SIGNED <u>6-10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WardeLL Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WardeLL, Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-24-49</u>		REGISTRAR'S SIGNATURE <u>John W. Hermant</u>		406 25. FUNERAL DIRECTOR'S SIGNATURE <u>General Porter</u>		ADDRESS <u>St. Louis, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-49-164

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not embalmed ✓

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No..... ✓

P. O. Address..... ✓

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.